

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**744218**

**CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 5 minus 20 = |              |
| INDEPENDENT CLAIMS  | 1 minus 3 =  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|                    | (Column 1)  | (Column 2)                         | (Column 3)    |
|--------------------|---|------------------------------------|---------------|
| <b>AMENDMENT A</b> | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | 5 Minus .. 20                      | 0             |
|                    | Independent   | 1 Minus ... 3                      | 0             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE      | FEE |    | RATE      | FEE   |
|-----------|-----|----|-----------|-------|
| BASIC FEE |     | OR | BASIC FEE | \$860 |
| X\$ 9=    |     | OR | X\$18=    |       |
| X40=      |     | OR | X80=      |       |
| +135=     |     | OR | +270=     |       |
| TOTAL     |     | OR | TOTAL     | \$860 |

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|                    | (Column 1)  | (Column 2)                         | (Column 3)    |
|--------------------|---|------------------------------------|---------------|
| <b>AMENDMENT B</b> | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | Minus ..                           | =             |
|                    | Independent   | Minus ...                          | =             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

|                    | (Column 1)  | (Column 2)                         | (Column 3)    |
|--------------------|---|------------------------------------|---------------|
| <b>AMENDMENT C</b> | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | Minus ..                           | =             |
|                    | Independent   | Minus ...                          | =             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
If the Highest Number Previously Paid For in this space is less than 20, enter "20".  
If the Highest Number Previously Paid For in this space is less than 100, enter "100".  
If the Highest Number Previously Paid For in this space is less than 200, enter "200".